

Name  
in  
FullMr Bartlett  
Name, Still born.

## CERTIFICATE OF DEATH

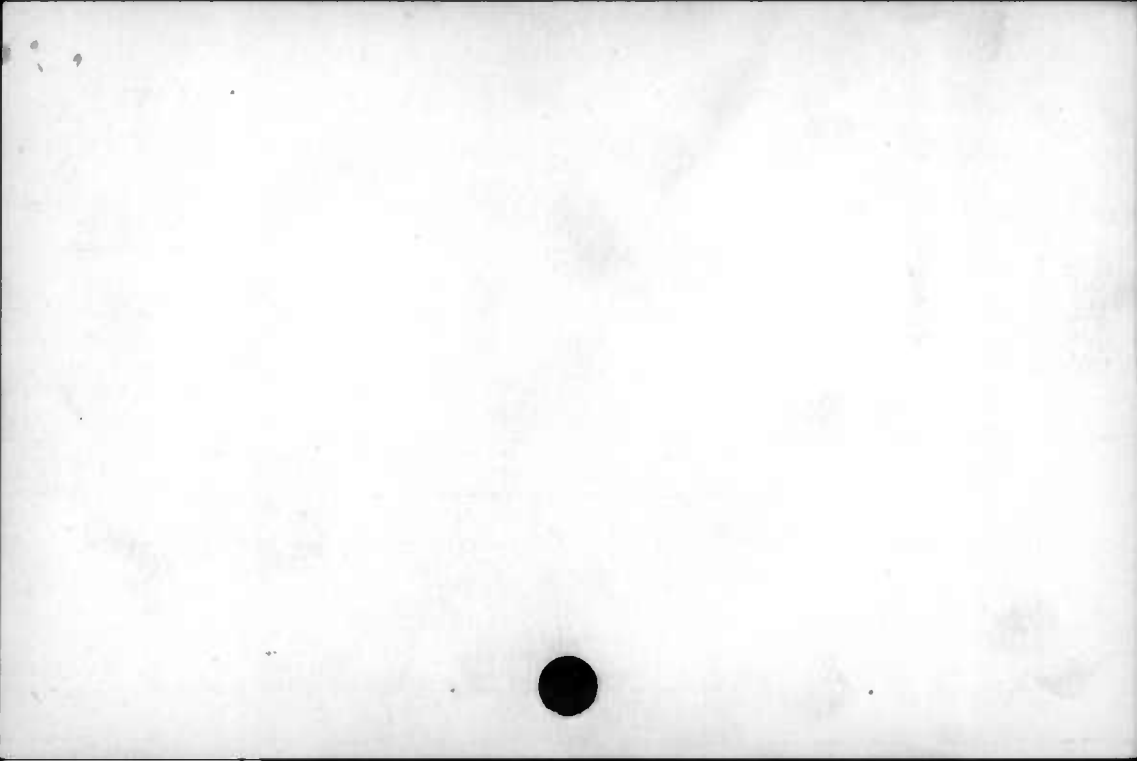
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Wye Mills</i>		Town <i>Queen Anne</i>		County <i>Anne</i>		MARYLAND	
Date of death	1907	Month	August	Day	17	Age	Still born
Sex	Male	Color or Race	white	Birth-place	Near Wye Mills		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	Francis A. Bartlett			Father's Birthplace <i>Queen Anne Co.</i>			
Mother's Maiden Name	Emma <del>Wasson</del> Eaton			Mother's Birthplace <i>Queen Anne Co.</i>			
Name of person giving information	Halter			How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	—		(S)	How long	—
Immediate	—			How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Howard B. Hopkins.	
			Address	Queenstown	
				Md.	
Accident or Suicide?					



Name  
in  
Full

CERTIFICATE OF DEATH

Not named *Berryman*

Town

County

MARYLAND

Died at

*Centreville*

*Queen Anne*

Date

Month

Day

Years

Months

of death

*1907 Aug*

*18*

Age

*5 hours*

Sex

*Male*

Color or  
Race

*African*

Birth-  
place

*Centreville*

Occupation

*none*

Where Residing if not  
at place of death

~~Married~~, Single  
or ~~Widowed~~

Name of Wife or  
Husband

*none*

Father's  
Name

*Chas Berryman*

Father's  
Birthplace

*Centreville*

Mother's  
Maiden Name

*Sadies Wells*

Mother's  
Birthplace

*Church Hill*

Name of person giving  
In formation

*Chas Berryman*

How related  
to deceased

*Father*

CAUSES OF DEATH

*151*

Primary

*Congenital Debility*

How long

*5 hours*

Immediate

*Congenital Debility*

How long

*"*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*E. F. Smith M.D.*

Address

*Centreville*

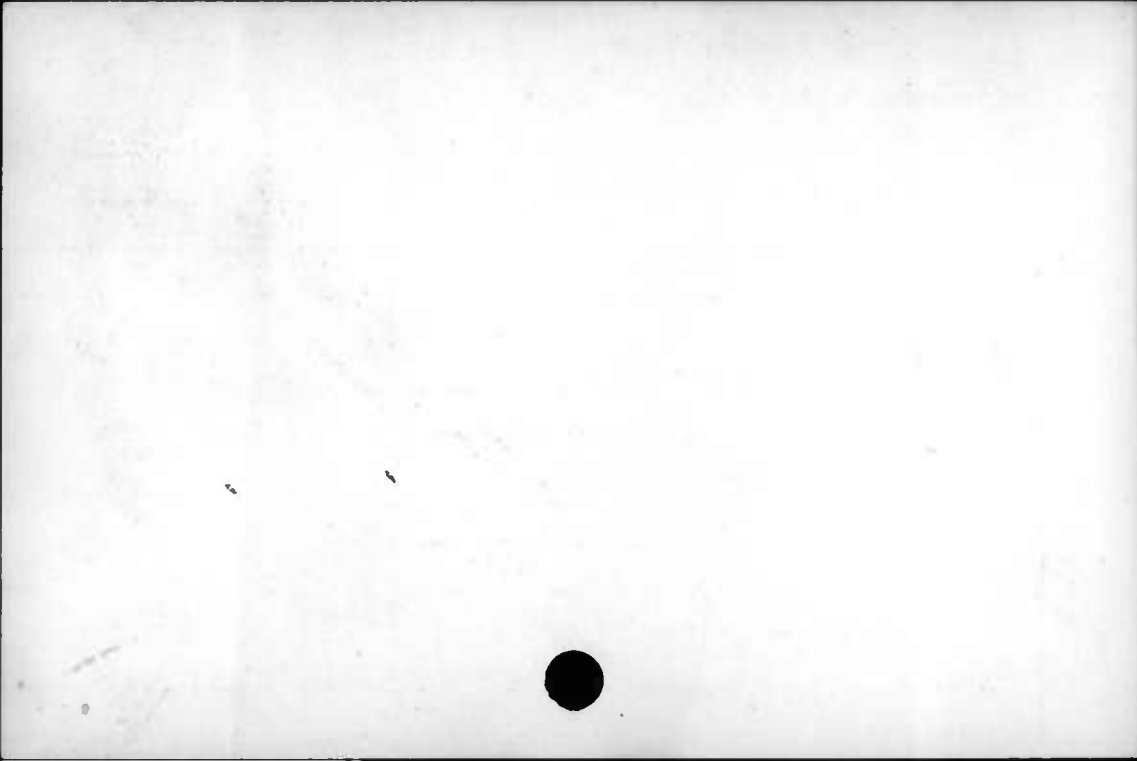
*Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*6*



Name  
in  
Full

Mabel Frances Bishop

CERTIFICATE OF DEATH

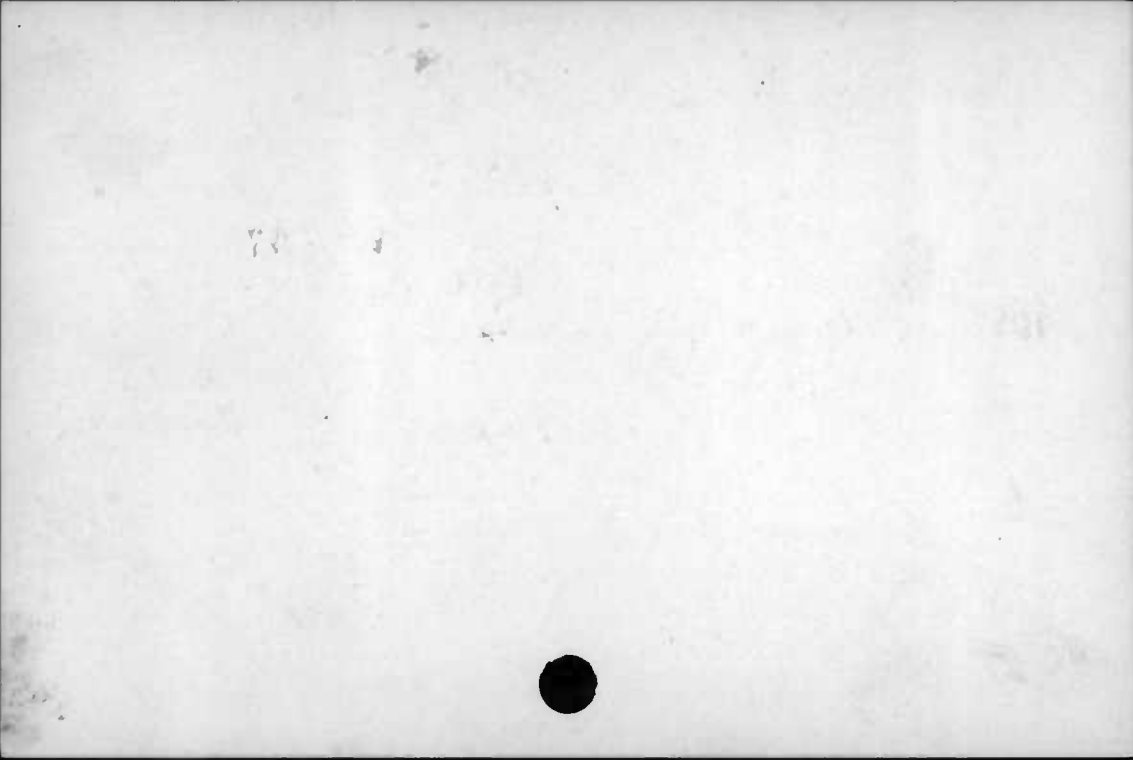
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Hope</u> <sup>Town</sup>		<u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>8</u> <sup>Day</sup> <u>16</u> <sup>Years</sup> <u>26</u>		Age <u>26</u>		Months <u>6</u> Days <u>    </u>	
Sex <u>Female</u>		Color or Race <u>American</u>		Birth-place <u>Queen Anne Co.</u>	
Occupation <u>House Wife</u>		Where Residing if not at place of death <u>    </u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Earle R. Bishop</u>			
Father's Name <u>Ludlow Gaffard</u>		Father's Birthplace <u>Del.</u>			
Mother's Maiden Name <u>Carrie Phifer</u>		Mother's Birthplace <u>Del.</u>			
Name of person giving information <u>Earle R. Bishop</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>		(27)		How long <u>2 1/2 yrs</u>	
Immediate <u>Exhaustion</u>				How long <u>1 week</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. H. Brown</u>			
		Address <u>Centerville</u> <u>Queen Anne</u>			
Accident or Suicide? <u>no</u>					



Name  
in  
Full

Bertha Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wassucksville</i> <sup>Town</sup>		<i>Jenn</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>13</i>	Age <i>60</i>	Years <i>—</i>	Months <i>—</i> Days <i>6 days</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Stephen R Boston</i>			Father's Birthplace <i>Delmar</i>		
Mother's Maiden Name <i>Sally Lee</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Walter, SR Boston</i>			How related to deceased <i>Walter</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Summer trouble, probably</i>	How long <i>Few days</i>
Immediate <i>Went to see baby</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter Lee</i>
	Address <i>Wassucksville</i>
Accident or Suicide?	<i>Ind</i>

Burser Church



Name  
in  
Full

Lillian Baswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Doris Store</u> <sup>Town</sup>		<u>Green Acres</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>16</u>	Age <u>25</u> <sup>Years</sup>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>Housework</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Wm Baswell</u>			Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Catherine Fisher</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Catherine McNeal</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dysphoid Fever</u>	①	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm H. Henry</u>
		Address <u>Stevensville Md</u>
Accident or Suicide?		

$$\begin{array}{r} 47 \\ 4 \overline{) 178} \\ \underline{16} \phantom{0} \\ 18 \phantom{0} \\ \underline{16} \phantom{0} \\ 20 \phantom{0} \\ \underline{16} \phantom{0} \\ 40 \phantom{0} \\ \underline{40} \phantom{0} \\ 0 \end{array}$$

Name  
in  
Full

Edeth Bowser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

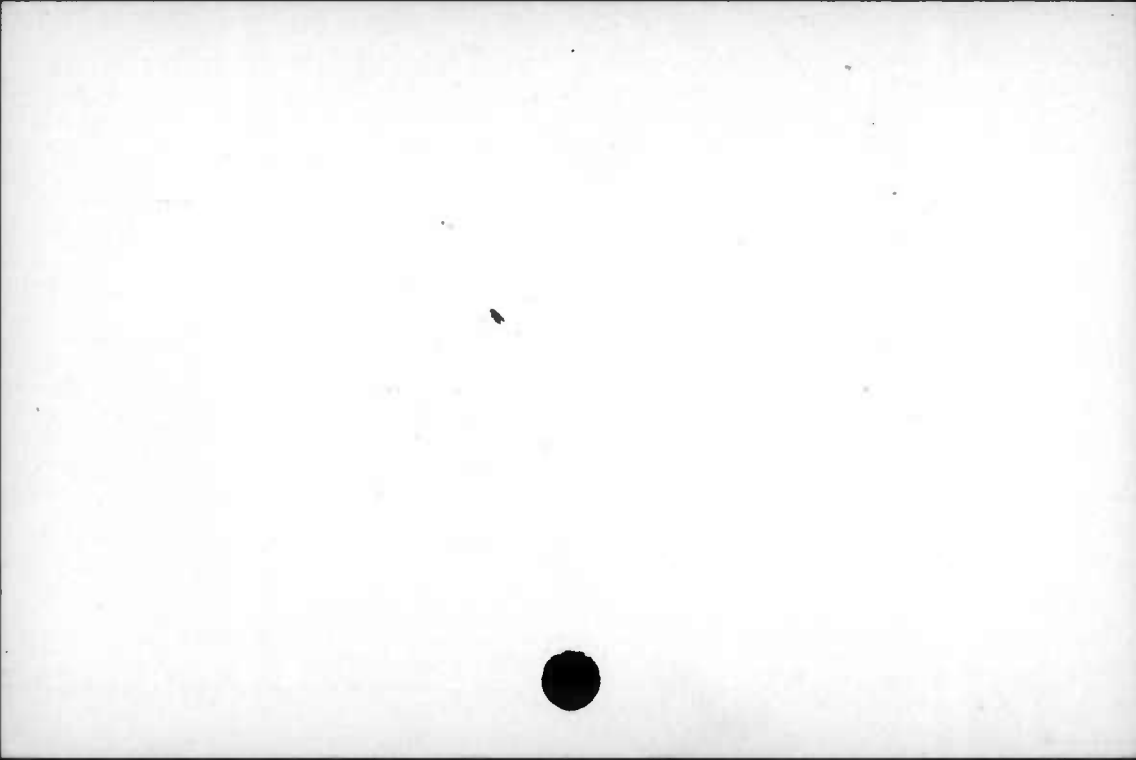
Died at <i>Centerville RR No 1</i>		Town <i>Green</i>		County <i>Anne</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>2</i>	Age	Years	Months <i>4</i>	Days <i>26</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Centerville R.R. No. 1, Md.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry Bowser</i>		Father's Birthplace <i>Talbot Co., Md.</i>					
Mother's Maiden Name <i>Caroline Carter</i>		Mother's Birthplace <i>Queen Anne Co., Md.</i>					
Name of person giving information <i>Henry Bowser</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary	} <i>Diarrhea</i>	How long	} <i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Walter H. Fenby</i>	
		Address <i>Centerville, Md.</i>	
Accident or Suicide?			



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

### CERTIFICATE OF DEATH

## MARYLAND

near <sup>Town</sup> Centerville <sup>County</sup> Queen Anne's

Date of death	Month	Day	Age	Years	Months	Days
1903	Aug.	17		2		

Sex	Male	Color or Race	Black	Birth-place	Queen Anne's Co
-----	------	---------------	-------	-------------	-----------------

Occupation	Where Residing if not at place of death
None	Greenham, Va

Married Single or Widowed	Name of Wife or Husband
------------------------------	----------------------------

Father's Name	John C. Carter	Father's Birthplace	Queenan Co
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Mother's Maiden Name Nettie Brown Mother's Birthplace Queens Co

Name of person giving information	John Broadway	How related to deceased	None
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### CAUSES OF DEATH

Primary Polycystosis

How long

27

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

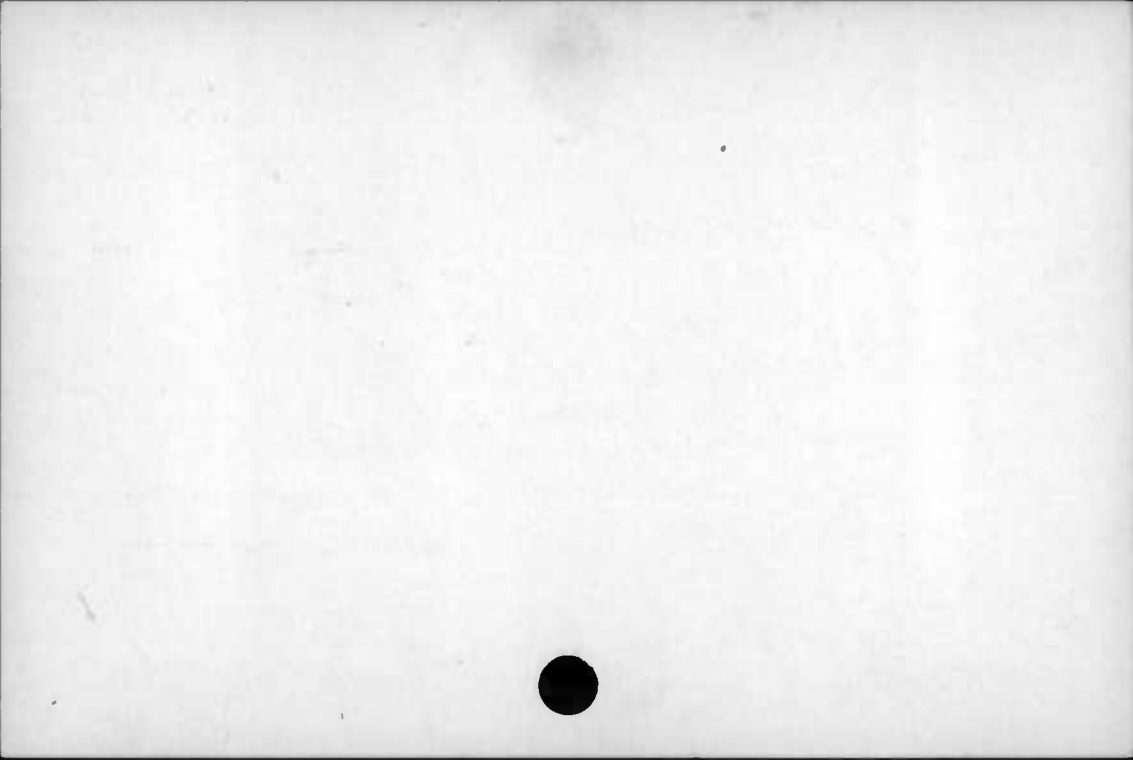
Signature of Physician

Address

Mr Physician

Rest Days

## Accident or Suicide?



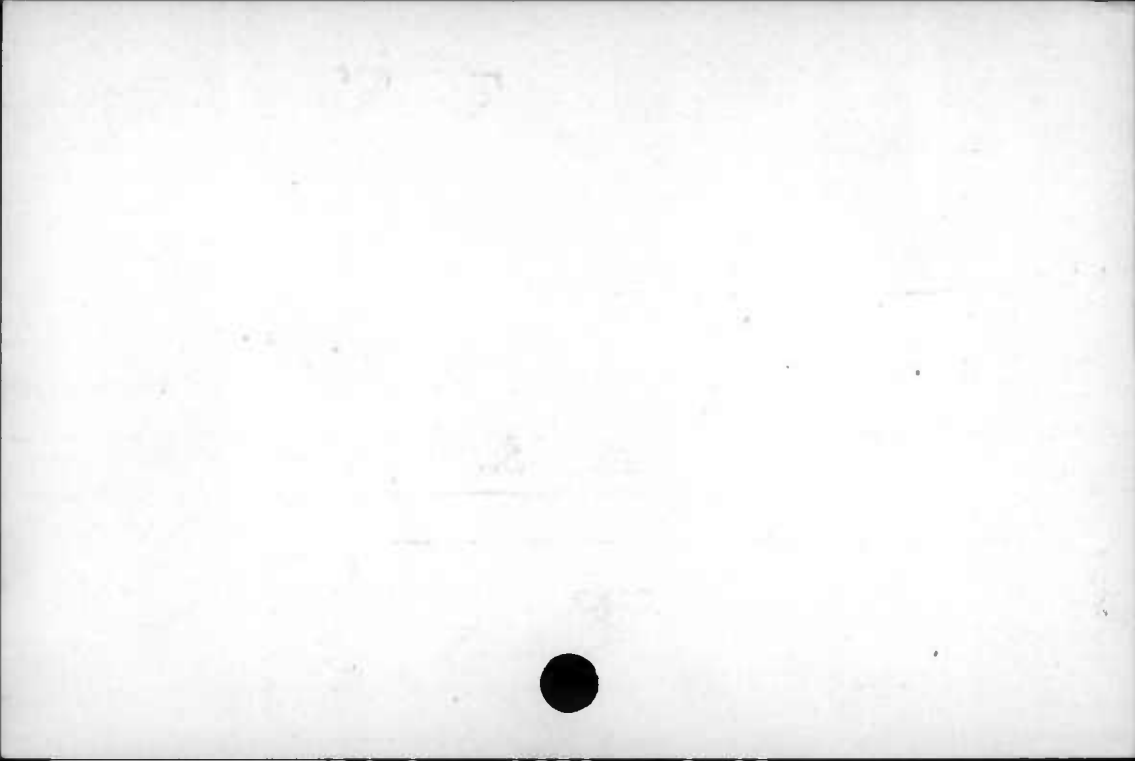
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>G. Frank Cancell</i>						CERTIFICATE OF DEATH	
Died at <i>Marbleville</i> <sup>Town</sup>				<i>2. A</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>		<i>8</i> <sup>Month</sup>	<i>30</i> <sup>Day</sup>	<i>25</i> <sup>Years</sup>		<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>2. A</i>		<i>Mo</i>	
Occupation <i>Telephone Conductor</i>				Where Residing if not at place of death		<i>Place of death</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Rahit Cancell</i>				Father's Birthplace <i>2. A</i>			
Mother's Maiden Name <i>Martha Sparks</i>				Mother's Birthplace <i>2. A</i>			
Name of person giving information <i>Rahit Cancell</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

(93)

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>3 days</i>
	Immediate <i>Organic Heart</i>		How long <i>1 hour</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Cancell</i>
			Address <i>Marbleville</i>
Accident or Suicide? <i>No</i>		<i>Yes</i>	





Name  
in  
Full

William James Embert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

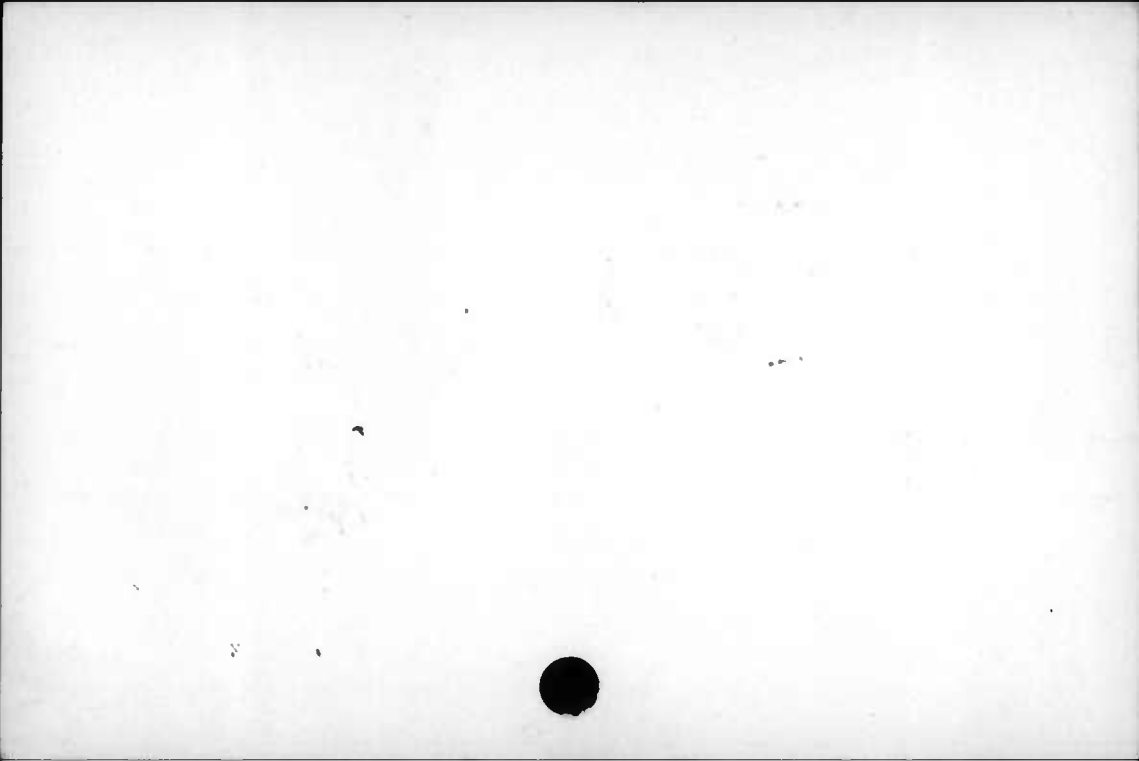
Died at <sup>Town</sup> <i>Queens town</i>		<sup>County</sup> <i>Queens town</i>		MARYLAND	
Date of death	1907	Month	Aug.	Day	12
Age		Years		Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne Co, Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Amelia Smith</i>			
Father's Name <i>Wm Embert</i>		Father's Birthplace <i>Queen Anne Co, Md.</i>			
Mother's Maiden Name <i>Annie Bryan</i>		Mother's Birthplace <i>Queen Anne Co, Md.</i>			
Name of person giving information <i>Charles Smith Embert</i>		How related to deceased <i>son</i>			

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary	<i>Hepatic cirrhosis</i>	How long	<i>Two months</i>
Immediate	<i>Cardiac exhaustion</i>	How long	<i>Twelve hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Rowland H. Free</i>	
		Address <i>Queens town, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Willard Gardner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

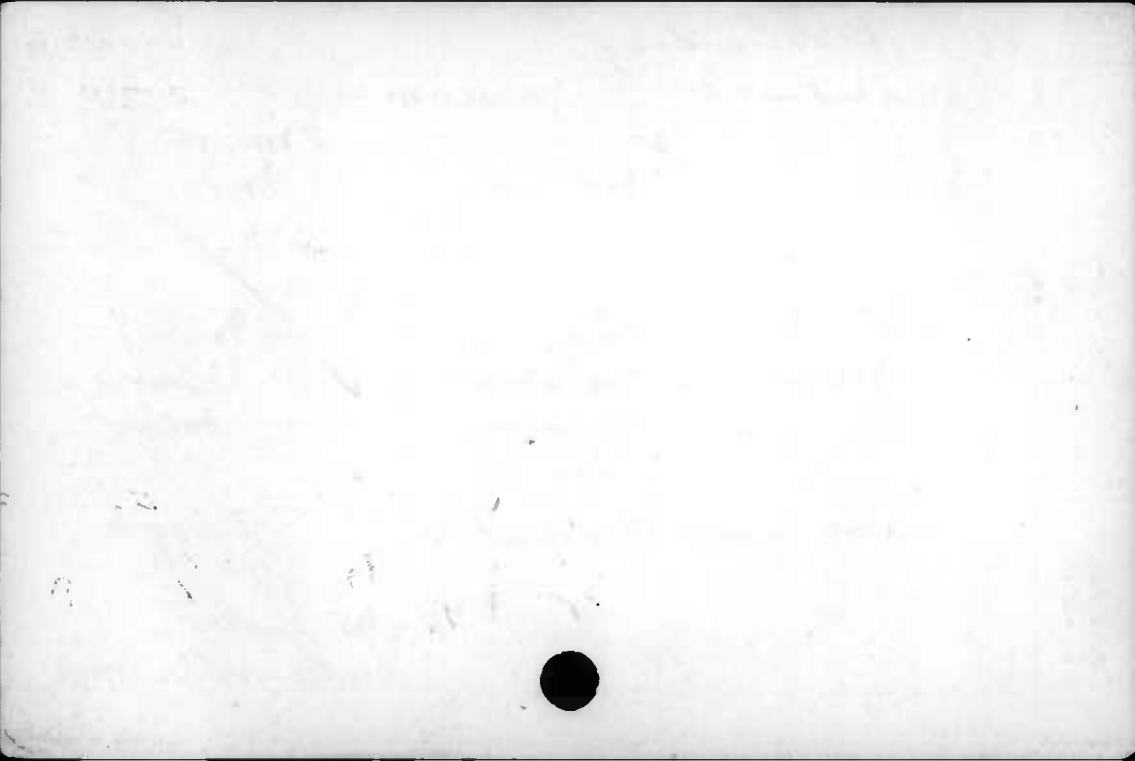
Died at <u>Chester</u> Town		<u>Queen Anne's</u> County		MARYLAND	
Date of death	1907	Month	April	Day	16
Age	1	Years	18	Months	
Sex	Male	Color or Race	White	Birth-place	Kent D.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		O. H. Gardner		Father's Birthplace	
				Kent D.	
Mother's Maiden Name		Mina Benton		Mother's Birthplace	
				" "	
Name of person giving information		E. H. Gardner		How related to deceased	
				Father	

## CAUSES OF DEATH

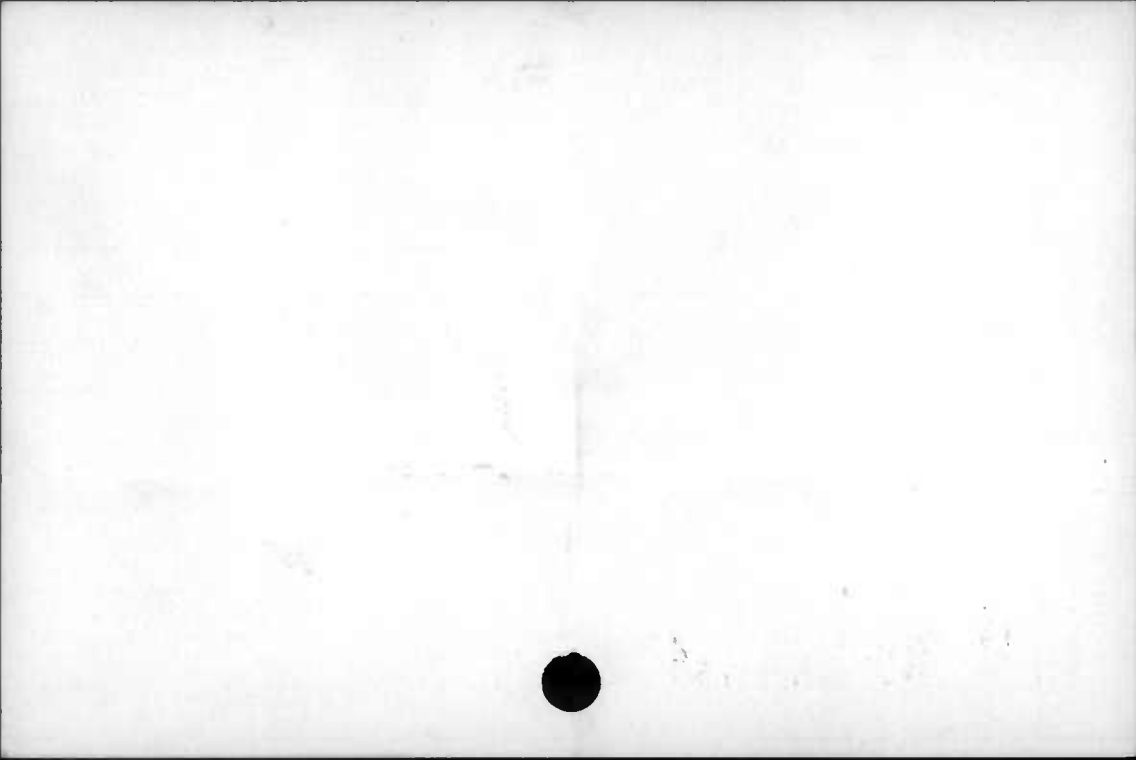
105

PHYSICIAN  
OR CORONER

Primary	<u>Eutera Colitis</u>	How long	<u>2 wks</u>
Immediate	<u>Meningitis &amp; Convulsions</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>Chas Kemp</u>	
		Address	
		<u>Stamsville</u>	
		<u>Chas</u>	
Accident or Suicide?			



Name in Full		Albert Glanding				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Suddenville</i>		Town <i>Suddenville</i>		County <i>Zachary</i>	
		Date of death <i>1907</i>		Month <i>8</i>	Day <i>3</i>	Age <i>9 months</i>	Years <i>—</i>
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widow <i>—</i>		Name of Wife or Husband <i>—</i>			
PHYSICIAN OR CORONER		Father's Name <i>Charlie Glanding</i>		Father's Birthplace <i>Ind</i>		MOTHER'S BIRTHPLACE <i>MARYLAND</i>	
		Mother's Maiden Name <i>Minnie Ellingsworth</i>		Mother's Birthplace <i>Delaware</i>		How related to deceased <i>father</i>	
		Name of person giving information <i>Charlie Glanding</i>					
		CAUSES OF DEATH				(161)	
PHYSICIAN OR CORONER		Primary <i>Cerebro Spinal Meningitis</i>		How long <i>3 days</i>			
		Immediate <i>" "</i>		How long <i>" "</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Foster Smith</i>			
				Address <i>Suddenville Ind</i>			
		Accident or Suicide?					



Name  
in  
Full

CERTIFICATE OF DEATH

Miss *Alfreda Haupt*

Town

County

Died at

*Rolph. W. H. P.*

*Queen Anne*

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1907*

*Aug.*

*28.*

Age

*26*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Luc Kinn*

Occupation

*Dress maker.*

Where Residing if not  
at place of death

*1017 Arlington Ave. Bldg. 110*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*—*

Father's  
Name

*Unknown*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*Unknown*

Name of person giving  
In formation

*Mrs. Story*

How related  
to deceased

*None*

CAUSES OF DEATH

Primary

*Apoplexy*

*(64)*

How long

*1/2 hour*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

*yes.*

Signature of  
Physician

*G. H. Stalander M.D.*

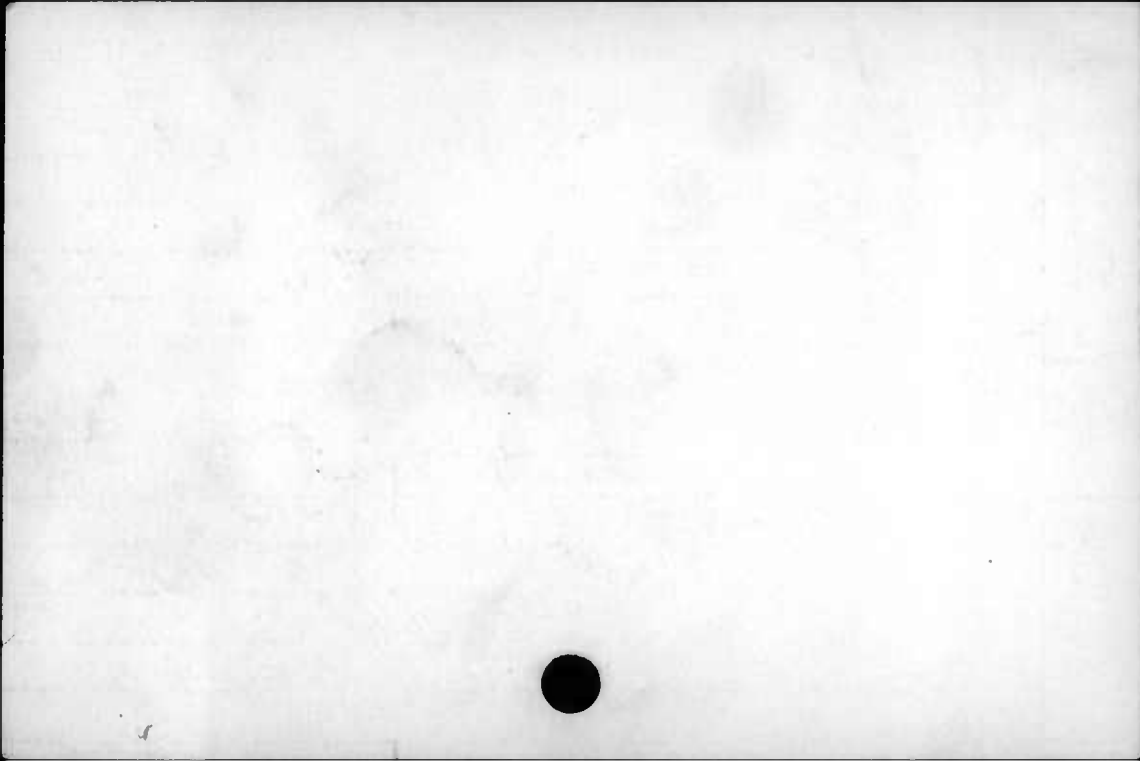
Address

*Chasterton Md.*

*Alfreda Haupt*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Susan Helen Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

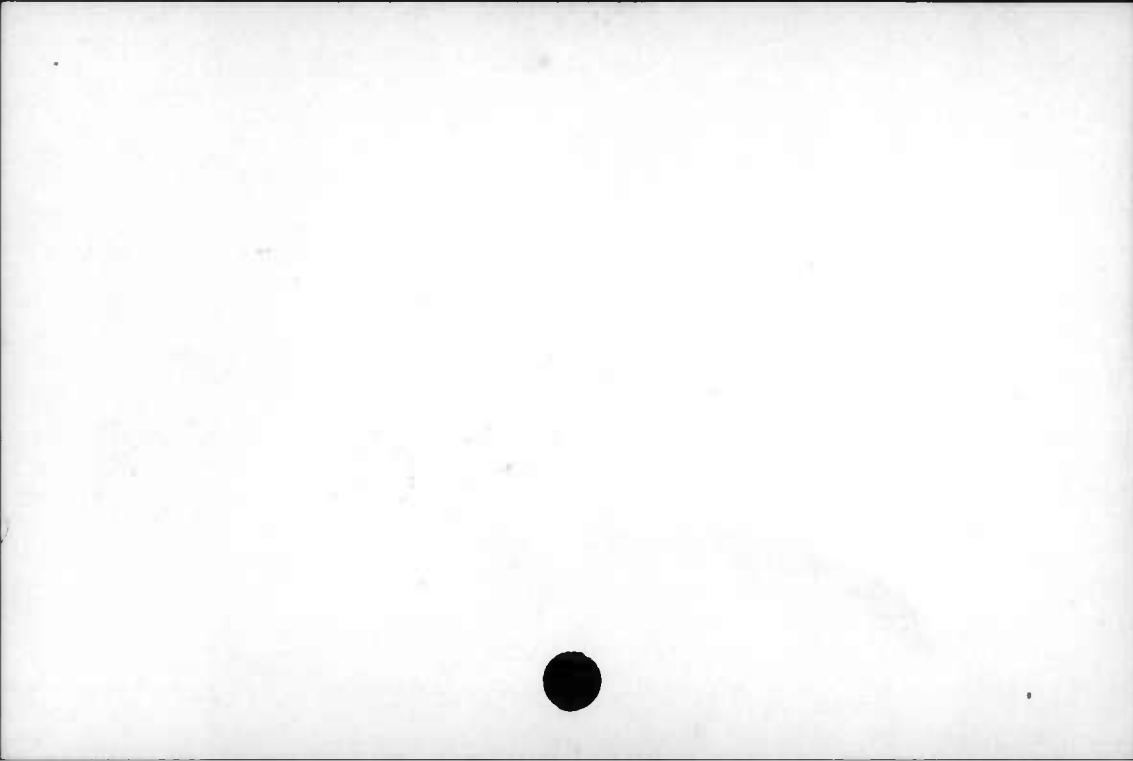
Died at <i>Ridgely R R no 2</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death	1907	Month	Aug	Day	14	Age	75
Sex	Female		Color or Race	Colored		Birth-place	<i>Shelboro, Ind.</i>
Occupation	<i>Mid wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Arthur Hines</i>			
Father's Name	<i>Not known</i>				Father's Birthplace	<i>Not known</i>	
Mother's Maiden Name	<i>Not known</i>				Mother's Birthplace	<i>Not known</i>	
Name of person giving information	<i>H. M. A. J. Jackson</i>				How related to deceased	<i>Son in law</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Three years</i>
Immediate	<i>Haemorage from lung.</i>	How long	<i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Walter H. Fenby</i>
		Address	<i>Centerville</i>
			<i>Ind.</i>
Accident or Suicide?			



Name  
in  
Full

Anah R. Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

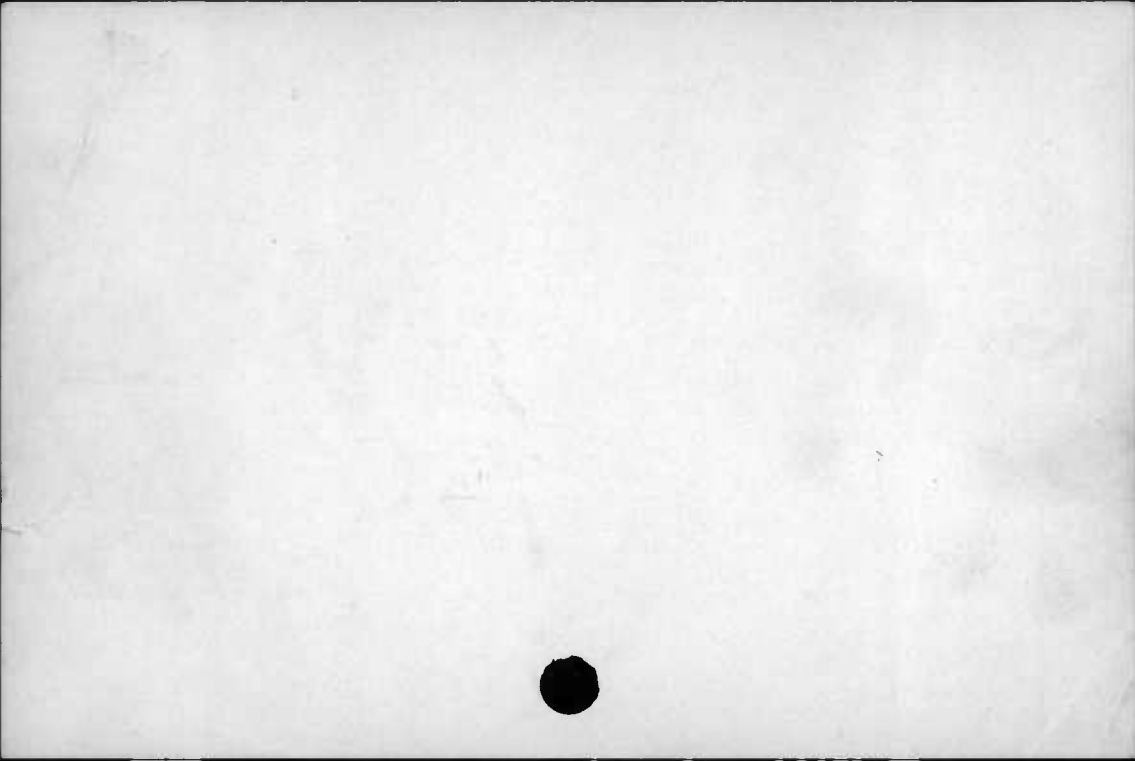
Died at <u>Bridgetown</u> <sup>Town</sup>		<u>S. F.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	<u>16</u> <sup>Age</sup>	<u>82</u> <sup>Years</sup>	<u>5</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Id</u>
Occupation	<u>Adm</u>	Where Residing if not at place of death <u>Bridgetown Id</u>			
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband <u>Ans. H. Holmes</u>			
Father's Name	<u>Joseph Balliter</u>	Father's Birthplace <u>I do not know</u>			
Mother's Maiden Name	<u>Mary Robinson</u>	Mother's Birthplace <u>Id</u>			
Name of person giving information	<u>Annie Burnite</u>	How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

(161)

PHYSICIAN  
OR CORONER

Primary	<u>Old age</u>	How long	<u>About 10 days</u>
Immediate	<u>kininigitis</u>	How long	<u>10 days</u>
Are the name, and place co	<u>given above?</u>	Signature of Physician	<u>Ans. R. Burnite</u>
		Address	<u>Ingleside</u>
Accident or Suicide?		<u>Id</u>	



Name  
In  
Full

Rebecca Ann Little

## CERTIFICATE OF DEATH

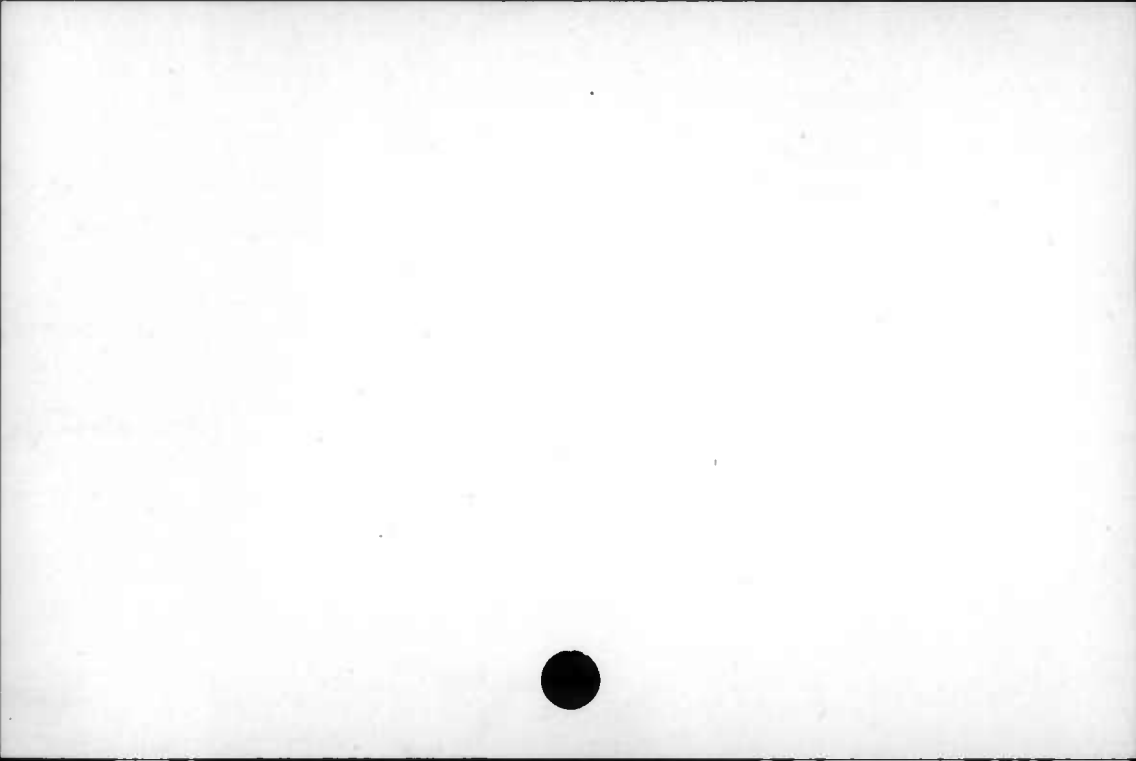
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely R.R. No. 2</i>		Town <i>Queen Anne</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>25</i>	Age <i>29</i>	Years	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Wye Mills, Md.</i>				
Occupation <i>Wash woman</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lemie Little</i>					
Father's Name <i>John White</i>		Father's Birthplace <i>Queen Anne Co, Md.</i>					
Mother's Maiden Name <i>Mittie Flamer</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>John Broadway</i>		How related to deceased <i>Brother in law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastritis</i>	<i>104</i>	How long	<i>Two months</i>
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter H. Fenby</i>	
		Address <i>Centerville R.R. No 4</i>	
		<i>Maryland</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

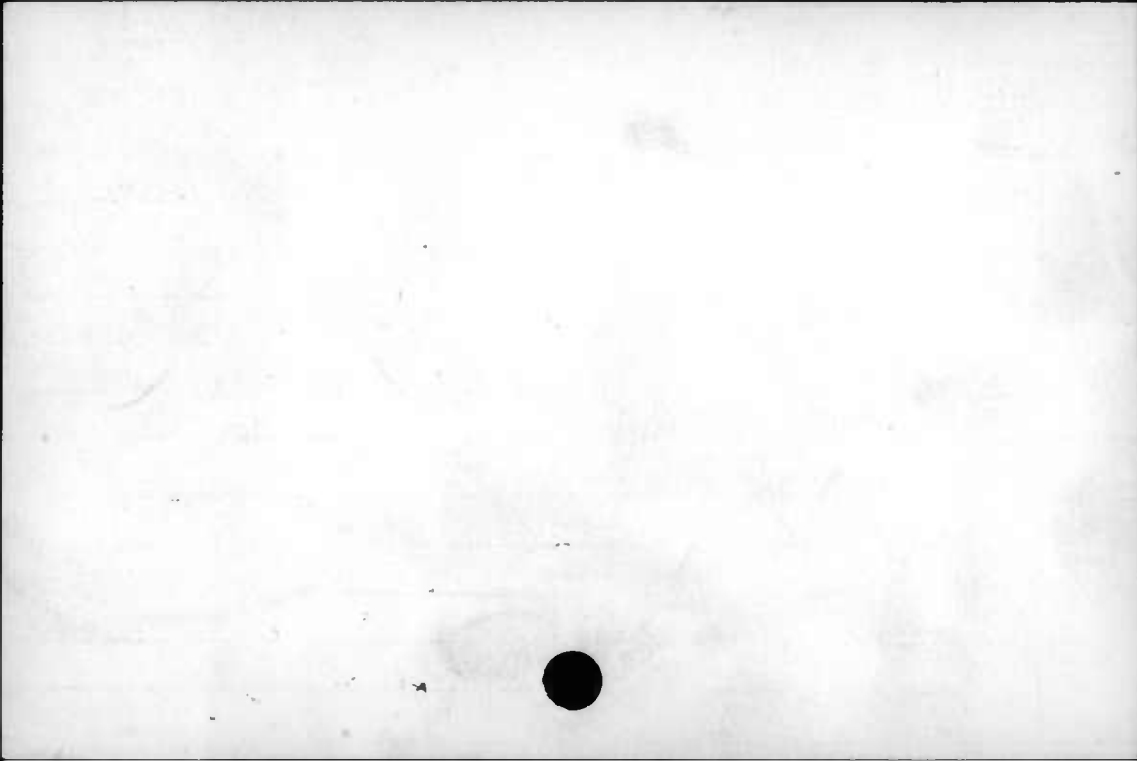
MARYLAND

Died at <u>Centerville</u> <sup>Town</sup> <u>St. Albans</u> <sup>County</sup>			
Date of death <u>1907 Aug</u> <sup>Month</sup> <u>14</u> <sup>Day</sup> <u>4</u> <sup>Years</sup> <u>45</u> <sup>Months</sup> <u></u> <sup>Days</sup> <u></u>	Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Centerville</u>
Occupation <u></u>		Where Residing if not at place of death <u>at place of death</u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>		
Father's Name <u>George Ringold</u>	Father's Birthplace <u>Spanox Mich</u>		
Mother's Maiden Name <u>Berda Adams</u>	Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Anna F. Hooper</u>	How related to deceased <u>Grandmother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still-Born</u>	How long <u></u>
Immediate <u>Still Born</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. F. Smith M.D.</u>
	Address <u>Centerville</u>
Accident or Suicide? <u>No</u>	<u>Mo.</u>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Speaser*

Died at *Pond Town* *Queen Anne's* County MARYLAND

Date of death 1907 *Aug 2* Month *2* Day *7* Age *7* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Queen Anne's Co*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *David Speaser* Father's Birthplace *Queen Anne's Co*

Mother's Maiden Name *Mary Ann Smith* Mother's Birthplace *Queen Anne's Co*

Name of person giving information *David Speaser* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pneumonia* *Tubercular* *Colored* How long *4 wks*

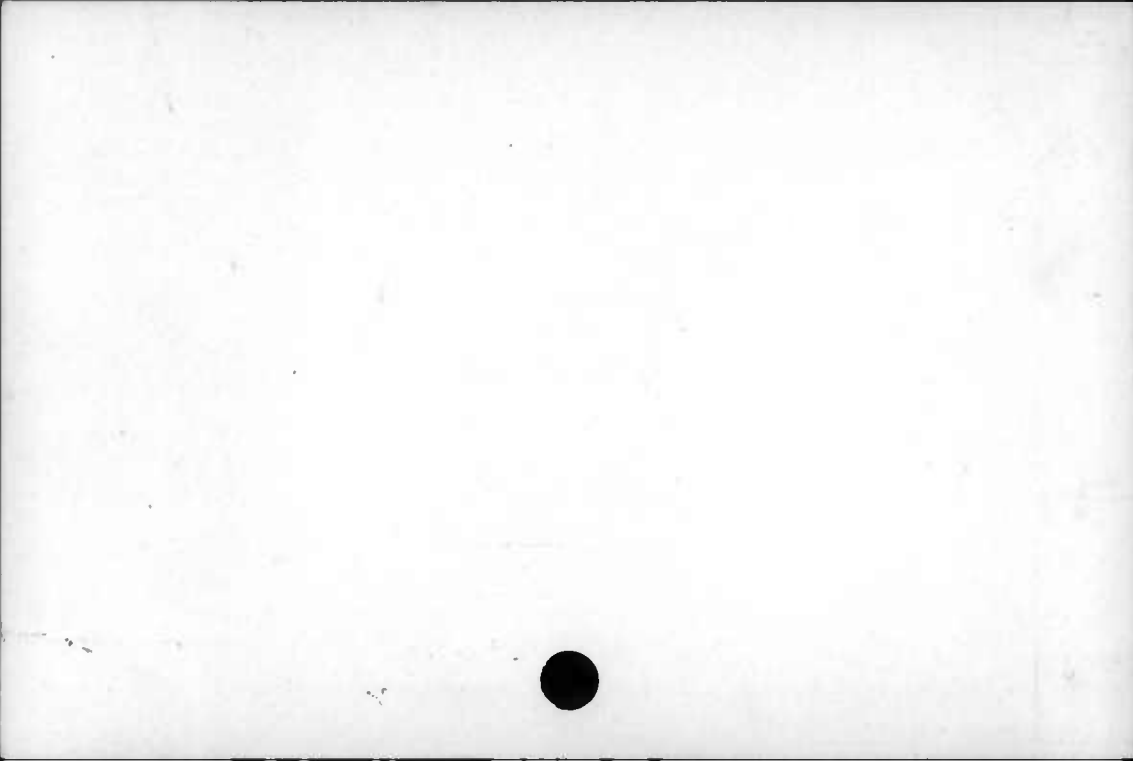
Immediate *Exhaustion* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. J. S. Dudley*

Address *Chorchtell Maryland*

Accident or Suicide?



Name  
in  
Full

George Henry Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Queen Anne* <sup>Town</sup> *Co. Md.* <sup>County</sup>

MARYLAND

Date of death *1907* <sup>Month</sup> *Aug.* <sup>Day</sup> *6* <sup>Age</sup> *0* <sup>Years</sup> *0* <sup>Months</sup> *2* <sup>Days</sup>Sex *Male* Color or Race *Colored* Birth-place *Queen Anne Co. Md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

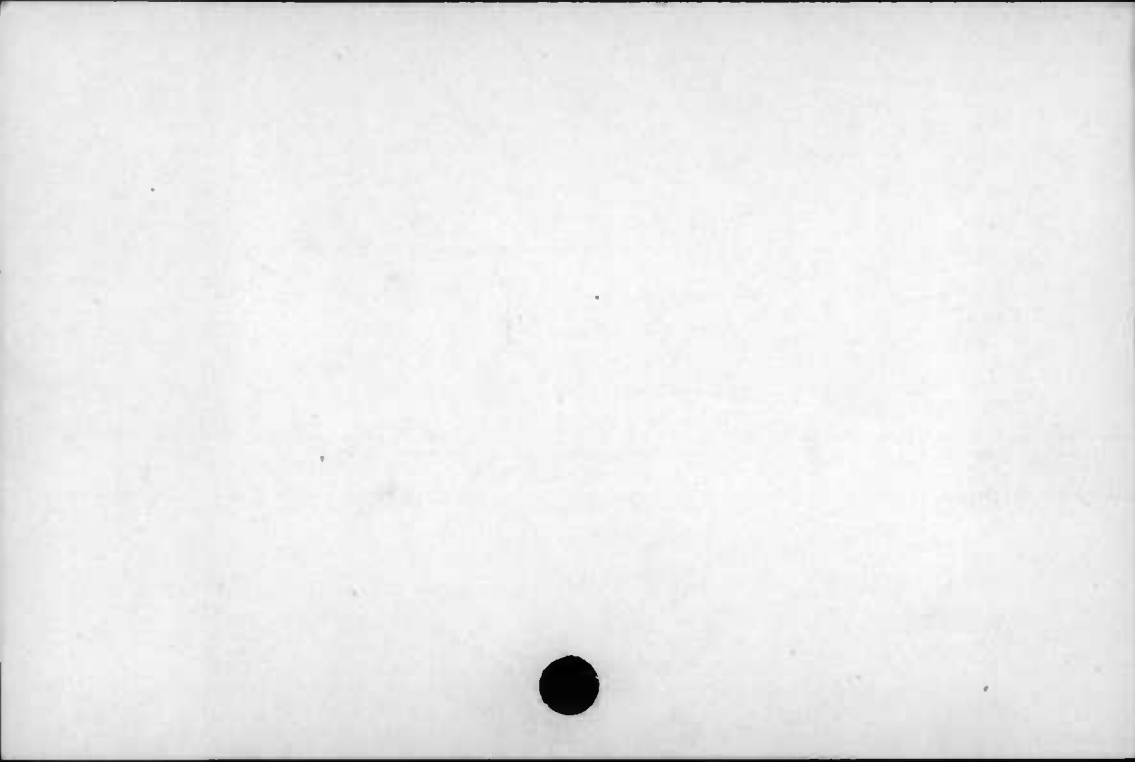
Father's Name *Govt Wilson* Father's Birthplace *29 Co. Md.*Mother's Maiden Name *Georgia Anna Brown* Mother's Birthplace *Queen Anne Co. Md.*Name of person giving information *George H. Wilson* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Cystitis* *123* How long *1 1/2 months*Immediate *Exhaustion* How long *four days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Rowland H. Ford*Address *Queens Town, Md.*

Accident or Suicide? \_\_\_\_\_

PHYSICIAN  
OR CORONER



Name  
in  
Full

Rebecca Wise

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Crumpton</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>3</i>	Age <i>60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne Co.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edward Wise</i>				
Father's Name <i>David Ashley</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Edward Wise</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

(10)

PHYSICIAN  
OR CORONER

Primary	<i>Result of Grippe</i>	How long	<i>Six months</i>
Immediate	<i>Natural causes</i>	How long	<i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. F. Hartley, Sub Reg.</i>
		Address	<i>Crumpton Md</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

Mary Anna Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Centerville RR No 1 Queen Anne County

Date of death 1907 Aug 17 Age 3 Months 7 Days

Sex Female Color or Race Colored Birth-place Centerville RR No 1 Maryland

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Mary Lizzie Wright Mother's Birthplace Queen Anne Co Maryland

Name of person giving information Father King How related to deceased Step Father

## CAUSES OF DEATH

Primary Malaria Fever (4) How long 3 weeks

Immediate Bronchial Pneumonia How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Walter H. Fenby M. D.

Address Centerville RR No 1

Accident or Suicide?

